AMENDED			Registration District No. 2 Primary Registration District No. 3055 Registrar's No. 10								ATE FILE NUA	NBEK
AMENDE			TILED FEB	7 1962				17.0				
	1	1	. PLACE OF DEATH a. COUNTY					2. USUAL RES	IDENCE (Where do	ceased lived. If	institution: S	
		 	Polk					a. STATE Mo)	Polk		admission
!	1 1		b. CITY (If outside cor	rporate limits, give	e TOWNSHIP	only)	Length of stay in 1b	c. CITY				Inside Lin
		ı	OR TOWN Bolive c. FULL NAME OF (If I	37*		}	7 Years	OR TOWN	Bolivar			Yes 🙀 N
			c. FULL NAME OF (If	NOT in hospital, c	ive location)		Inside Limits	d. STREET		If outside, give loc	ration)	Reside on I
.			HOSPITAL OR				Yes 🕁 No 🗆	ADDRESS	911 W. Br	oedway	İ	Yes 🔲 N
			<u> </u>	ome			<u>-</u>					
		3	(Type or print)	First		N	liddle	Last	4. DATE OF	Month	Day	Yea
111			(1,00 01 0)	Ross	S	7	/incent	Jenkins	DEATH	January	28,	19
1 1 1		5	i. SEX	6. COLOR OR R		Married 🛣		8. DATE OF BI	RTH 9. AGE (las	t birthday) IF UN		IF UNDER
		ı	Mala	White	<u> </u>	Widowed [] Divorced [[□] \$/19/190	12. L 6	Month	s Days	Hours
		10	Male			. KIND OF E	USINESS OR INDÚST		CE (City and state	or country) 12. C	ITIZEN OF V	WHAT COUN
1 1 1		ı	during most of working	ng life, even if reti		122 3	C-1- 047	n- a	la Conntr	~ }	USA	
		12	Oil Distri	Loutor		Whole	e-Sale Oil Other's maiden na		le County	NAME OF HUSBAN		
1		,,,	B. I ATTIER & MANIE			100. ,				_		
1 1 1			William	Jenkins			Lucy Vi			s Donthy	<u>Jenkin</u>	<u>s</u>
1			i. WAS DECEASED EVER es, no, or unknown) [(If				CIAL CELIBITE RIZ).	17. INFORMAN	ī	Address		
1 1 1	1	_``	No				L	Doyle	Mc Craw	Boliv	ar, Mo	
	늘	1 1	18. CAUSE OF DEATH	(Enter only one c	ause per line				/		ΙÑΙ	ERVAL BETV ISET AND D
		7 I	PART I	DEATH WAS CAL	ISED RY-							
	OCUMEN		18. CAUSE OF DEATH PART I.	IMMEDIATE C		Zeni	e Les	and go	ille	<u> </u>		day
	DOCUMEN		Condition which ga above stating t	IMMEDIATE Cons, if any, ave rise to cause (a), the under-	LE TO (b)	Port	myou	udial	ufa	rilion		da.
	DOCUMEN	Z	Condition which ge above of stating to lying co	IMMEDIATE C	UE TO (c)	Port	Myore	ATH but not relate	ufa d to the terminal		deceased	day 'yt
	DOCUMEN	TION	Condition which ge above of stating to lying co	IMMEDIATE Cons, if any, ave rise to cause (a), the under-ause tast.	UE TO (c)	Post	Myore	ATH but not relate	ufa d to the terminal			day 'yt
	DOCUMEN	ICATION	Condition which ge above of stating to lying co	IMMEDIATE C	UE TO (c)	Port	Myore	ATH but not relate	ufa d to the terminal		deceased version and the deceased version and	was femalicy in last 9
	DOCUMEN	CERTIFICATION	Condition which ge above of stating to lying co	ns, if any, ave rise to cause (a), the under-ause last. D	UE TO (b) OUE TO (c) CANT CONDI	Port	-1	ATH but not relate		ther	deceased ver a pregnan	was femalecy in last 9
	DOCUMEN	AL CERTIFICATION	Condition which go above containing training training training training compared to the containing	IMMEDIATE Cons, if any, ave rise to cause (a), the underlause last. Do THER SIGNIFIC disease condition	UE TO (b) OUE TO (c) CANT CONDI n given in PAI	RT I (a)	-1			ther	deceased ver a pregnan	was femalicy in last 9
	DOCUMEN	ÇAL	Condition which ge above of stating it lying compared to the part II. 19. WAS AUTOPSY PERFORMED? YES NO MEDICAL TIME OF HOULINJURY a.m.	IMMEDIATE C ons, if any, ave rise to cause (a), the under- ause last. OTHER SIGNIFIC disease condition	UE TO (b) OUE TO (c) CANT CONDI n given in PAI	RT I (a)	-1			ther	deceased ver a pregnan	was femalicy in last 9
	DOCUMEN		Condition which ge above of stating to lying co PART II. 19. WAS AUTOPSY PERFORMED? YES NO 22 20c. TIME OF Hour INJURY a.m. p.m.	IMMEDIATE Cons, if any, ave rise to cause (a), the underlavse (ast.) OTHER SIGNIFIE disease condition 20a. ACCIDENT	UE TO (b) OUE TO (c) CANT CONDI n given in PAI	HOMICIDE	20b. DESCRIBE H	OW INJURY OCCU	RRED. (Enter nature	of injury in PART 1	deceased re a pregnan Yes Nor PART III	was femalicy in last 9
	DOCUMEN	ÇAL	Condition which ge above of stating it lying compared to the part II. 19. WAS AUTOPSY PERFORMED? YES NO MEDICAL TIME OF HOULINJURY a.m.	IMMEDIATE C ons, if any, ave rise to cause (a), the underlause last. OTHER SIGNIFIC disease condition 20a. ACCIDENT Month, Day, 1	UE TO (b) OUE TO (c) CANT CONDI Given in PAI	RT I (a)	-1	OW INJURY OCCU	RRED. (Enter nature	ther	deceased re a pregnan Yes Nor PART III	was femalicy in last 9 lo Unof item 18.)
	DOCUMEN	ÇAL	Condition which ge above to stating the state of the stat	IMMEDIATE C ons, if any, ave rise to cause (a), the underlause last. OTHER SIGNIFIC disease condition 20a. ACCIDENT Month, Day, 1	UE TO (b) OUE TO (c) CANT CONDI Given in PAI	RT I (a)	20b. DESCRIBE H	OW INJURY OCCUP	RRED. (Enter nature	of injury in PART 1	deceased re a pregnan Yes Nor PART III	was femalicy in last 9 lo Unof item 18.)
	DOCUMEN	ÇAL	Condition which ge above to stating the state of the stat	IMMEDIATE Cons, if any, ave rise to cause (a), the underlause last. Do DTHER SIGNIFIC disease condition 20a. ACCIDENT Month, Day, Yellord (Constitution of the Constitution of the Const	UE TO (b) OUE TO (c) CANT CONDIN Given in PAI SUICIDE F	NJURY (e.g., y, street, of	20b. DESCRIBE H	20f. CITY, TOWN	RRED. (Enter nature OR LOCATION and last saw her	of injury in PART I	deceased ver a pregnan Name of	was female cy in last 9 la Unof item 18.)
	DOCUMEN	ÇAL	Condition which go above to stating the state of the stat	IMMEDIATE Cons, if any, ave rise to cause (a), the underlavse (ast.) OTHER SIGNIFIE disease condition 20a. ACCIDENT Month, Day, 1	UE TO (b) OUE TO (c) CANT CONDI Given in PAI	NJURY (e.g., y, street, of	20b. DESCRIBE H	OW INJURY OCCUP	RRED. (Enter nature OR LOCATION and last saw her	of injury in PART I	deceased ver a pregnan Name of	was female cy in last 9 la Unof item 18.)
	T OF DOCUMEN	ÇAL	Condition which gas above to stating the state of the sta	IMMEDIATE Cons, if any, ave rise to cause (a), the underlavse (ast.) OTHER SIGNIFIE disease condition 20a. ACCIDENT Month, Day, 1	UE TO (b) OUE TO (c) CANT CONDIN Given in PAI SUICIDE F	NJURY (e.g., y, street, of	20b. DESCRIBE H	20f. CITY, TOWN the date stated abo 22b. ADD055S	RRED. (Enter nature OR LOCATION and last saw her	of injury in PART I	deceased ver a pregnan Name of	was femalicy in last 9 la Use of item 18.)
	VIT OF	MEDICAL	Condition which ge above containing the state of the stat	IMMEDIATE C Ins, if any, ave rise to cause (a), the underlause last. OTHER SIGNIFIC disease condition 20a. ACCIDENT Month, Day, 1 ED	UE TO (b) OUE TO (c) CANT CONDI n given in PAI Year PLACE OF II farm, factory	NJURY (e.g., street, of	in or about home, fice bidg., etc.)	20f. CITY, TOWN the date stated abo	, OR LOCATION and last saw her him ve, and to the best	of injury in PART I	deceased re a pregnan Yes N N Or PART II	was femalecy in last 9 ld Un of item 18.) ST/
	VIT OF	WEDICAL 23	Condition which go above to stating the stating of lying condition which go above to stating the stating of lying condition with the stating of lying condition with the stating of lying condition with the stating condition with the stati	IMMEDIATE Cons, if any, ave rise to cause (a), the underlause last. Do DTHER SIGNIFIC disease condition 20a. ACCIDENT Month, Day, 1 ED 20e. VORK	CANT CONDIN Given in PAI PLACE OF II farm, factory (Degree o	NJURY (e.g., street, of	in or about home, fice bldg., etc.) m on OF CEMETERY OR C	20f. CITY, TOWN the date stated abo 22b. ADDDESS	, OR LOCATION and last saw here we, and to the best 23d. LOCATION	of injury in PART I	deceased ver a pregnan ver a pregnan ver NTY	was femelicy in last 9 lo Un of item 18.) ST/
	IT OF	WEDICAL 23	Condition which gas above to stating the state of the sta	IMMEDIATE C Ins, if any, ave rise to cause (a), the underlause last. OTHER SIGNIFIC disease condition 20a. ACCIDENT Month, Day, 1 ED	CANT CONDIN Given in PAI PLACE OF II farm, factory (Degree o	NJURY (e.g., y, street, of	in or about home, fice bldg., etc.) D, to m on OF CEMETERY OR C negan Ceme	20f. CITY, TOWN the date stated abo 22b. ADDDESS	, OR LOCATION and last saw here we, and to the best 23d. LOCATION Dinnega	of injury in PART I	deceased ver a pregnan ver a pregnan ver NTY	was femelecy in last 9 to Us of item 18.) STA C2c. DATE S (State)

STATEMENT BY LICENSED EMBALMER

.1 nereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	
StudentSignature of Student Embalmer	Signed Saul & Buther
	Licensed Embalmer No. 4471
	P. O. Address Bolivar MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply

with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.